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ABSTRACT

Copies of twelve recordkeeping forms are provided in this record book designed for use by vocational agriculture students in a supervised occupational experience program (SOEP). The forms are organized into three sections: (1) receipts and expenditures (money received, money paid out, cash flow, financial statement, and profit and loss statement); (2) placement (SOEP agreement, placement training agreement, training plan, SOEP summary, and record of show or fair activities); and (3) Future Farmers of America (FFA) leadership (specific accomplishments in FFA and general activities in both FFA and outside FFA). (JH)

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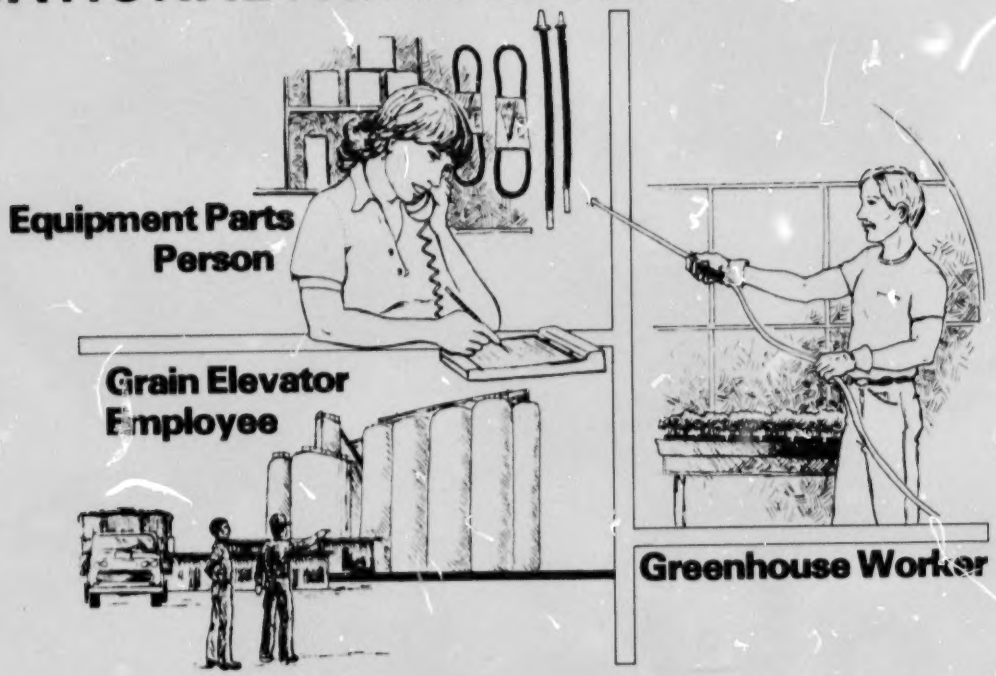
RECORD BOOK FOR SUPERVISED OCCUPATIONAL EXPERIENCE PROGRAMS IN

VOCATIONAL AGRICULTURE PLACEMENT



Missouri Agricultural Education Series
Volume 11 Number 3 June 1978

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UNIVERSITY OF MISSOURI-COLUMBIA

In cooperation with
Agricultural Education
Department of Practical Arts and Vocational-Technical Education
College of Education and College of Agriculture
University of Missouri-Columbia

OCATIONAL AGRICULTURE PLACEMENT RECORDS

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FOREWORD

This record book is designed for use by vocational agriculture students with all of their supervised occupational experiences in a "placement" type program. It is to be inserted in a Young Farmer Record Book cover. (Students with "ownership" programs will want to use the Young Farmer Record Book with Supplement. Students with both "placement" and "ownership" programs may use either the Young Farmer Record Book plus family living or the Young Farmer Record Book with this book for the placement program.)

Students using this system of record keeping should find the following advantages:

1. Learn one system of record keeping while in high school that will apply following graduation as an employee in an agricultural occupation.
2. Learn "phases" of records, planning evaluation as they have the need and ability.
3. Use a record system that is more practical for students developing good placement programs.
4. Have a method of reporting results on the Final Report of SOEP requiring less time and effort.
5. Have a system of applying for FFA Degrees and Awards that is more uniform and accurate.

SUGGESTION TO THE TEACHER

Have students insert this package in the Young Farmer Record Book cover.

A sample set of lessons for instruction in SOEP Records is in the Agricultural Placement Instructor's Guide and Agricultural Placement Student Reference.

All forms are available in pad form from the Instructional Materials Laboratory, University of Missouri-Columbia. Extra forms may be added as needed by individual students.

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VOCATIONAL AGRICULTURE PLACEMENT RECORDS

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Members of the Project Advisory Committee included the following vocational agriculture instructors: Jim Golding, Aurora; Bill Gutshall, Chillicothe, Jim Riley, Cameron; Marion Schauffler, Harrisonville; Don Showell, St. Louis; Darrell Strain, Alton; Sherman Walker, Bernie; and Wayne Wolfe, Columbia. Larry Case, District Supervisor, Agricultural Education, and Allan Kelsay, Assistant Director, Research Coordinating Unit, Department of Elementary and Secondary Education, also served on the advisory committee

Sam Lower, graduate assistant, was responsible for much of the developmental work.

RECORDING RECEIPTS AND EXPENDITURES

General Suggestions

1. Accurate records are needed to complete income tax reports and to evaluate progress toward an individual's personal goals. This book is designed for both with a minimum of effort.

2. Receipts and Expenditures should be recorded at least weekly. Use a sharp lead pencil.

3. It should be noted that column numbers on Forms 106 and 107 agree with the line numbers on Form 108-Cash Flow.

4. Have an adding machine with a tape. This removes much of the drudgery of record keeping and it is easier to check your figures if you have a machine that prints on a tape.

5. At the end of each month, total all columns (preferably with a red pencil) and transfer these totals to Form 108.

Forms 106 and 107

1. Form 106 is for money you received including wages, gifts and money borrowed.

2. Form 107 is for money you pay out including investments, withholdings, personal expenses and principal paid.

3. Several column headings have been left blank to let you write in a heading appropriate for your situation.

4. Enter the total amount received or paid out in column B or F. Enter a brief description of the transaction in the "Description" column. Enter the dollar amount again in the correct itemized column.

5. Enter the number of hours for which you are paid in the hours column.

6. If you have a Placement Program for which you do not receive wages (Laboratory—as an example), you should record the hours worked and a brief description of your occupational experiences. You should also keep a record of other receipts as allowances and expenditures including personal expenses.

7. Enter the total earnings (including withholdings) in the Total Receipt column (B) and again in columns 1 to 4. The amount of withholdings are entered on the same line in the Total Expenditure column (F) and in columns 11 to 13.

8. Identify columns 1 to 4 by place of employment as Brown's Elevator, Smith's Fertilizer Plant, Jones' Nursery, etc.

9. Column 5 is for gifts, allowances and other income. The sale of a rifle, or a car, or earnings from interest or dividends would go here.

10. Column 6 is a record of money borrowed. If you buy a car and borrow the money, record the money borrowed here and the cost of the car in columns 15 to 18. As you re-pay the loan, the interest is recorded in Column 19 and the principal in Column 20.

11. If you place money in a savings account or invest in an income producing item, record that in column 7 or 8.

12. Columns 9 and 10 are for job related expenses as special clothing, tools, transportation, etc.

13. Columns 11 to 13 are for items withheld from your check. You need a record of this for tax reporting.

14. Column 14 is for tax deductible expenditures as contributions, casualty losses, medical expense, hospitalization insurance, dues, etc.

15. Columns 15 to 18 may be headed to suit your needs. Examples are: food, utilities, entertainment, personal car, life insurance premiums, etc.

16. Columns 19 and 20 are for interest paid and principal paid on borrowed funds.

Form 108

Form 108 can be used as a budget, either on an annual or monthly basis, and as a summary. Two copies are provided so you can do both.

This summary form should be brought up-to-date at the end of each month.

Line I should agree with your checkbook at the end of each month.

The figure in Line I each month is entered on Line H for the following month.

Form 109a

Form 109a is a financial statement (net worth) that gives a financial pictures of an individual, family or business at a certain point. The financial statement should usually be completed at the beginning and end of the year. Most credit institutions require that one of these be completed when applying for a loan. Growth in net worth is one of the best measures of an individual's or family's financial progress.

Form 109b

Form 109b is similar to a Profit and Loss Statement used in a business. It gives a picture of financial activity from your job(s).

FORM 107

Page ___

19__ EXPENDITURES

LINE	CAPITAL EXP.		JOB-REL'TD EXP.		PERSONAL EXPENDITURES										LINE
	Savings/ Investm	____	____	____	Withholding			Tax Deduct Items	____	____	____	____	Interest Paid	Princip'l Paid	
					Social Security	Federal Tax	State Tax								
	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	
1															1
2															2
3															3
4															4
5															5
6															6
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22															22
23															23
11	7	8	9	10	11	12	13	14	15	16	17	18	19	20	12

FORM 106

Page ___

19__ RECEIPTS

LINE	DATE	TOTAL RECEIPTS	TOTAL EXPENDITURES	DESCRIPTION received from/paid to/item	HOURS	JOB RECEIPTS GROSS PAY				OTHER RECEIPTS		LINE
										Gifts, Allowances, Other	Money Borrowed	
		$ ¢	$ ¢			$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	
				Subtotals Brought From Preceding Page								
1												1
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4												4
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6												6
7												7
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17												17
18												18
19												19
20												20
21												21
22												22
23												23
				Subtotals to Next Page or Totals to Summary Form 106								
13		B	F			1	2	3	4	5	6	14

FORM 107

Page____

19__ EXPENDITURES

LINE	CAPITAL EXP.		JOB-REL'TD EXP.		PERSONAL EXPENDITURES										LINE
	Savings/ Investm	_____	_____	_____	Withholding			Tax Deduct Items	_____	_____	_____	_____	Interest Paid	Princip'l Paid	
					Social Security	Federal Tax	State Tax								
	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	
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23															23
15														16	
	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

FORM 106

Page ____

19__ **RECEIPTS**

LINE	DATE	TOTAL RECEIPTS	TOTAL EXPENDITURES	DESCRIPTION received from/paid to/item	HOURS	JOB RECEIPTS GROSS PAY				OTHER RECEIPTS	
						_____	_____	_____	_____	Gifts, Allowances, Other	Money Borrowed
		$ ¢	$ ¢			$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢
				Subtotals Brought From Preceding Page							
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18											
19											
20											
21											
22											
23											
				Subtotals to Next Page or Totals to Summary Form 106							
		B	F			1	2	3	4	5	6

FORM 107

Page____

19__ EXPENDITURES

LINE	CAPITAL EXP.		JOB-REL'TD EXP.		PERSONAL EXPENDITURES										LINE
	Savings/ Investm	_____	_____	_____	Withholding			Tax Deduct Items	_____	_____	_____	_____	Interest Paid	Princip'l Paid	
					Social Security	Federal Tax	State Tax								
	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	
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23															23
1															
	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

FORM 106

Page ____

19__ __ RECEIPTS

LINE	DATE	TOTAL RECEIPTS	TOTAL EXPENDITURES	DESCRIPTION received from/paid to/item	HOURS	JOB RECEIPTS GROSS PAY				OTHER RECEIPTS	
						_____	_____	_____	_____	Gifts, Allowances, Other	Money Borrowed
		$ ¢	$ ¢			$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢
				Subtotals Brought From Preceding Page							
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22											
23											
				Subtotals to Next Page or Totals to Summary Form 108							
	21	B	F			1	2	3	4	5	6

FORM 107

Page____

19__ EXPENDITURES

LINE	CAPITAL EXP.		JOB-REL'TD EXP.		PERSONAL EXPENDITURES										LINE
	Savings/ Investm	_____	_____	_____	Withholding			Tax Deduct Items	_____	_____	_____	_____	Interest Paid	Princip'l Paid	
					Social Security	Federal Tax	State Tax								
	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	
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	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

FORM 106

Page ____

19__ RECEIPTS

LINE	DATE	TOTAL RECEIPTS	TOTAL EXPENDITURES	DESCRIPTION received from/paid to/item	HOURS	JOB RECEIPTS GROSS PAY				OTHER RECEIPTS	
						____	____	____	____	Gifts, Allowances, Other	Money Borrowed
		$ ¢	$ ¢			$ ¢	$ ¢	$ ¢	$ ¢	$ ¢	$ ¢
				Subtotals Brought From Preceding Page							
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23											
				Subtotals to Next Page or Totals to Summary Form 108							
		B	F			1	2	3	4	5	6

FORM 108

CASH FLOW

19__ BUDGET/SUMMARY

RECEIPTS	LINE	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	LINE
	1														1
	2														2
	3														3
	4														4
TOTAL RECEIPTS (lines 1+2+3+4)	A														A
Gifts, Allowances, Other	5														5
Money Borrowed	6														6
TOT'L DOLLARS AVAIL'BL' (line A+5+6)	B														B
EXPENDITURES															
Savings/Investments	7														7
	8														8
TOTAL CAPITAL EXP. (line 7 + 8)	C														C
	9														9
	10														10
TOT'L JOB RELATED EXP. (line 9 + 10)	D														D
Social Security	11														11
Federal Tax	12														12
State Tax	13														13
Tax Deductible Items	14														14
	15														15
	16														16
	17														17
	18														18
Interest Paid	19														19
Principal Paid	20														20
TOT'L PERSONAL EXP. (add lines 11-20)	E														E
TOTAL DOLLARS USED (C + D + E)	F														F
CASH DIFF FOR MONTH (line B - F)	G														G
BAL. BEG. OF MONTH (line I last mo)	H														H
CASH BAL. END OF MONTH (line H - G)	I														I
27		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	

FORM 108

CASH FLOW

19__ BUDGET/SUMMARY

RECEIPTS	LINE	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	LINE
	1														1
	2														2
	3														3
	4														4
TOTAL RECEIPTS (lines 1+2+3+4)	A														A
Gifts, Allowances, Other	5														5
Money Borrowed	6														6
TOT'L DOLLARS AVAIL'BL' (line A+5+6)	B														B
EXPENDITURES															
Savings/Investments	7														7
	8														8
TOTAL CAPITAL EXP. (line 7 + 8)	C														C
	9														9
	10														10
TOT'L JOB RELATED EXP. (line 9 + 10)	D														D
Social Security	11														11
Federal Tax	12														12
State Tax	13														13
Tax Deductible Items	14														14
	15														15
	16														16
	17														17
	18														18
Interest Paid	19														19
Principal Paid	20														20
TOT'L PERSONAL EXP. (add lines 11-20)	E														E
TOTAL DOLLARS USED (C + D + E)	F														F
CASH DIFF FOR MONTH (line B - F)	G														G
BAL. BEG. OF MONTH (line I last mo)	H														H
CASH BAL. END OF MONTH (line H - G)	I														I
29		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	

FORM 109a

FINANCIAL STATEMENT

	ASSETS	BEGINNING	ENDING
	CURRENT ASSETS	date _____	date _____
1	CASH ON HAND AND IN BANK		
2	SAVINGS ACCOUNT		
3	NOTES/BONDS		
4	AUTOMOBILE		
5	CASH VALUE OF LIFE INSURANCE		
6	Other Current Assets		
7			
8	**TOTAL CURRENT ASSETS (add lines 1-7)**		
	FIXED ASSETS:		
9	Real Estate		
10			
11	Other Investments:		
12			
13	**TOTAL FIXED ASSETS (add lines 9-12)**		
14	**TOTAL ASSETS (add lines 8 + 13)**		
	LIABILITIES		
	CURRENT LIABILITIES		
15	CHARGE ACCOUNTS BALANCE		
16	NOTES PAYABLE		
17	INSTALLMENT LOANS		
18			
19	OTHER DEBTS:		
20			
21	**TOTL CURRENT LIABILITIES (add 15-20)**		
	FIXED LIABILITIES:		
22	LONG TERM MORTGAGES		
23			
24	**TOTAL FIXED LIABILITIES (add line 22-23)**		
25	**TOTAL LIABILITIES (add line 21 + 24)**		
26	**NET WORTH (line 14 minus 25)**		
27	**CHANGE IN NET WORTH FOR YEAR**		

FORM 109b 19__

PROFIT AND LOSS STATEMENT

	RECEIPTS	
1	(form 106 line 1)	
2	(form 106 line 2)	
3	(form 106 line 3)	
4	(form 106 line 4)	
A	**TOTAL JOB RECEIPTS (add lines 1-4)**	
	EXPENDITURES	
5	(form 107 line 9)	
6	(form 107 line 10)	
B	**TOTAL EXPENDITURES (add line 3 + 4)**	
C	**LABOR INCOME (line A minus B)**	
D	**HOURS WORKED (form 106)**	hrs.
E	**EARNINGS/HOURS WORKED (line C ÷ line D)**	

SUPERVISED OCCUPATIONAL EXPERIENCE PROGRAM AGREEMENT

Student_____ Date_____ Grade_____

Address_____
(Street/Route) (Town)

Directions to Home_____

Social Security Number_____ Age_____ Date of Birth_____

Parent or Guardian_____ Occupation_____

Address: Residence_____ Phone_____

Business_____ Phone_____

Teacher_____ School Phone_____ Home Phone_____

Student Occupational Objectives[1]_____

_____

SOEP Plans: methods to accomplish objectives[2]_____

_____

_____

Signatures: We, by signing this SOEP agreement, indicate we understand and agree with this SOEP agreement.

_____ _____ _____
Student Parent (Guardian) Teacher

Objectives

[1]What work or business does the student plan to do following graduation. Examples of objectives might be: farmer, feed mill employee, implement parts person, greenhouse employee, etc.

SOEP Plans

[2]Plans to gain experience to enable the student successful entry into the job listed above. As an example, the freshman student with an objective of farmer might list SOEP plans of: 2 sows and market hogs, 10 acres corn, 5 acres soybeans. The freshman student with an objective of a greenhouse employee might list SOEP plans of: growing vegetable plants and bedding plants in the school greenhouse, home garden.

FORM 126

(1 copy—Record Book)
(1 copy—Employer)
(1 copy—Instructor)

A PLACEMENT TRAINING AGREEMENT FOR A SUPERVISED OCCUPATIONAL EXPERIENCE PROGRAM IN VOCATIONAL AGRICULTURE

Date_____

Student Trainee_____ Date of Birth_____

Address_____ Age_____

Social Security Number_____ Grade_____ Occupational Objective _____

Training Station_____ Employer_____

Address_____ Telephone Number_____

Department in which employed_____ Supervisor_____

Parent or Guardian_____ Phone: Home_____ Business_____

Address: Residence _____ Business _____

Teacher-Coordinator_____ School Number_____ Home Phone_____

1. THE STUDENT AGREES TO:

_ Do an honest day's work, understand that the employer must profit from this labor in order to justify hiring and providing for the occupational experience.
_ Do all jobs assigned to the best of ones ability.
_ Be punctual, dependable and loyal; and follow acceptable work procedures.
_ Follow instructions, avoid unsafe acts, and be alert to unsafe conditions.
_ Be courteous and considerate of the employer, employer's family, employees and the customer.
_ Keep the records of the occupational experience program the teacher and employer require.
_ Be alert to perform unassigned tasks which promote the welfare of the business.
_ Notify employer prior to any absence.
_ Provide suitable clothing.
_ Report to the Vo-Ag teacher any problems in regard to the training with a period of discussion prior to any termination.
_ Cooperate for the mutual benefit of all concerned.

FORM 126 CONTINUED

2. THE TEACHER-COORDINATOR, IN BEHALF OF THE SCHOOL, AGREES TO:

_Give systematic instruction at the school enabling the student to better understand and carry out duties and responsibilities in the training station.
_Visit the student on the job for the purpose of supervision, to insure that the student gets the most out of the cooperative training experience.
_Work with the employer, student and parents to provide the best possible training for the student.
_Use discretion on the time and circumstances chosen for visits.
_Acquaint the parents with the learning and working conditions and be certain that the parent is familiar with the program.
_Evaluate the student's performance periodically in cooperation with the student and the employer.
Provide a copy of the agreement for the school and the employer.

3. THE PARENT AGREES TO:

_Allow the student to work during hours and days shown in Section 5.
_Provide a method of getting to and from work.
_Assist in promoting the value of the student's experience by cooperating with the employer and teacher.
_Assume full responsibility for any action or happenings pertaining to the student trainee from the time the student leaves school until reporting to the training station.
_Give permission in allowing the student to participate in the supervised occupational experience program.

4. THE EMPLOYER AGREES TO:

_Provide the student with opportunities to learn how to do well many jobs in the business.
_Assign the student new responsibilities only when judged able to handle them.
_Train the student, when and where possible, in the ways which he or she has found desirable in doing the work.
_Assist the teacher in making an honest appraisal of the student's performance.
_Avoid subjecting the student to unnecessary hazards.
_Maintain the areas of work and the equipment used in a safe and acceptable manner.
_Notify the parent and the school immediately in case of accident or sickness and if any other serious problems arise.
_Not to employ the student trainee for a period of at least 90 days if the student drops out of school.

5. ALL PARTIES AGREE TO:

_A period of the cooperative training program which will: Start in_____ End in_____
_Working hours during the cooperative training program will include: Days during week_____
Hours during week days _____ to _____ Hours on weekend _____ to _____ Hours during summer _____ to _____
_Discuss misunderstandings or termination of employment before ending employment.
_A beginning wage of _____ per hour.
_Wages after trial period of _____ per hour.

We, the undersigned, indicate by the affixing of our signatures that we have read and understand the purpose and intent of this training agreement.

Student _____ Parent _____

Employer _____ Teacher _____

FORM 126

(1 copy—Record Boo
(1 copy—Employer)
(1 copy—Instructor)

A PLACEMENT TRAINING AGREEMENT FOR A SUPERVISED OCCUPATIONAL EXPERIENCE PROGRAM IN VOCATIONAL AGRICULTURE

Date_____

Student Trainee_____ Date of Birth_____

Address_____ Age_____

Social Security Number_____ Grade_____ Occupational Objective _____

Training Station_____ Employer_____

Address_____ Telephone Number_____

Department in which employed_____ Supervisor_____

Parent or Guardian_____ Phone: Home_____ Business_____

Address: Residence _____ Business _____

Teacher-Coordinator_____ School Number_____ Home Phone_____

1. THE STUDENT AGREES TO:

_ Do an honest day's work, understand that the employer must profit from this labor in order to justify hiring and providing for the occupationa experience.
_ Do all jobs assigned to the best of ones ability.
_ Be punctual, dependable and loyal; and follow acceptable work procedures.
_ Follow instructions, avoid unsafe acts, and be alert to unsafe conditions.
_ Be courteous and considerate of the employer, employer's family, employees and the customer.
_ Keep the records of the occupational experience program the teacher and employer require.
_ Be alert to perform unassigned tasks which promote the welfare of the business.
_ Notify employer prior to any absence.
_ Provide suitable clothing.
_ Report to the Vo-Ag teacher any problems in regard to the training with a period of discussion prior to any termination.
_ Cooperate for the mutual benefit of all concerned.

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FORM 126 continued

2. THE TEACHER-COORDINATOR, IN BEHALF OF THE SCHOOL, AGREES TO:

_Give systematic instruction at the school enabling the student to better understand and carry out duties and responsibilities in the training station.
_Visit the student on the job for the purpose of supervision, to insure that the student gets the most out of the cooperative training experience.
_Work with the employer, student and parents to provide the best possible training for the student.
_Use discretion on the time and circumstances chosen for visits.
_Acquaint the parents with the learning and working conditions and be certain that the parent is familiar with the program.
_Evaluate the student's performance periodically in cooperation with the student and the employer.
Provide a copy of the agreement for the school and the employer.

3. THE PARENT AGREES TO:

_Allow the student to work during hours and days shown in Section 5.
_Provide a method of getting to and from work.
_Assist in promoting the value of the student's experience by cooperating with the employer and teacher.
_Assume full responsibility for any action or happenings pertaining to the student trainee from the time the student leaves school until reporting to the training station.
_Give permission in allowing the student to participate in the supervised occupational experience program.

4. THE EMPLOYER AGREES TO:

_Provide the student with opportunities to learn how to do well many jobs in the business.
_Assign the student new responsibilities only when judged able to handle them.
_Train the student, when and where possible, in the ways which he or she has found desirable in doing the work.
_Assist the teacher in making an honest appraisal of the student's performance.
_Avoid subjecting the student to unnecessary hazards.
_Maintain the areas of work and the equipment used in a safe and acceptable manner.
_Notify the parent and the school immediately in case of accident or sickness and if any other serious problems arise.
_Not to employ the student trainee for a period of at least 90 days if the student drops out of school.

5. ALL PARTIES AGREE TO:

_A period of the cooperative training program which will: Start in_____ End in_____
_Working hours during the cooperative training program will include: Days during week_____
Hours during week days _____ to _____ Hours on weekend _____ to _____ Hours during summer _____ to _____
_Discuss misunderstandings or termination of employment before ending employment.
_A beginning wage of _____ per hour.
_Wages after trial period of _____ per hour.

We, the undersigned, indicate by the affixing of our signatures that we have read and understand the purpose and intent of this training agreement.

Student _____ Parent _____

Employer _____ Teacher _____

FORM 126

(1 copy—Record Book)
(1 copy—Employer)
(1 copy—Instructor)

A PLACEMENT TRAINING AGREEMENT FOR A SUPERVISED OCCUPATIONAL EXPERIENCE PROGRAM IN VOCATIONAL AGRICULTURE

Date_____

Student Trainee_____ Date of Birth_____

Address_____ Age_____

Social Security Number_____ Grade_____ Occupational Objective _____

Training Station_____ Employer_____

Address_____ Telephone Number_____

Department in which employed_____ Supervisor_____

Parent or Guardian_____ Phone: Home_____ Business_____

Address: Residence _____ Business _____

Teacher-Coordinator_____ School Number_____ Home Phone_____

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_ Be alert to perform unassigned tasks which promote the welfare of the business.
_ Notify employer prior to any absence.
_ Provide suitable clothing.
_ Report to the Vo-Ag teacher any problems in regard to the training with a period of discussion prior to any termination.
_ Cooperate for the mutual benefit of all concerned.

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_Visit the student on the job for the purpose of supervision, to insure that the student gets the most out of the cooperative training experience.
_Work with the employer, student and parents to provide the best possible training for the student.
_Use discretion on the time and circumstances chosen for visits.
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_Notify the parent and the school immediately in case of accident or sickness and if any other serious problems arise.
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Hours during week days _____ to _____ Hours on weekend _____ to _____ Hours during summer _____ to _____
_Discuss misunderstandings or termination of employment before ending employment.
_A beginning wage of _____ per hour.
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We, the undersigned, indicate by the affixing of our signatures that we have read and understand the purpose and intent of this training agreement.

Student _____ Parent _____

Employer _____ Teacher _____

FORM 127

Page_____of_____

TRAINING PLAN

_____
Student's Name

Year_____ Training Program for_____ _____
Type of Agribusiness or Occupation Name of Training Center

INSTRUCTIONS: Student — Place check under level of performance when performing that skill level for the first time.

KEY: O — Observed, H — Helped, P — Performed, C — Can Perform Without Supervision

COMPETENCIES (Skills)	Level of Performance				COMPETENCIES (Skills)	Level of Performance			
	O	H	P	C		O	H	P	C

FORM 127 continued

COMPETENCIES (Skills)	Level of Performance			
	O	H	P	C

COMPETENCIES (Skills)	Level of Performance			
	O	H	P	C

FORM 128

SUPERVISED OCCUPATIONAL EXPERIENCE PROGRAM SUMMARY

(Placement)

Name _____ Year in School _____ Year 19___

Investment/Savings_____ (Form 109a, line 14)

KIND OF EXPERIENCE (Completed & Planned) Placement for Farm Experience Placement Agribusiness Experience Placement Laboratory	SCOPE AND UNIT Examples Smith's Nursery 90 days Jones Dairy Farm 60 days		HOURS OF SELF LABOR	
	(1) COMPLETED	(2) PLANNED FOR CURRENT YEAR	ON-FARM Placement	OFF-FARM Placement

DIRECTIONS: Students should complete the Record Book prior to completing this form. A copy of this completed form should be turned into the instructor; one copy kept in the record book.

SUMMARY OF ABOVE

Occupational Area of Placement Program

1. Production___Hrs_____
2. Agricultural Mechanics___Hrs_____
3. Sales Service___Hrs_____
4. Processing___Hrs_____
5. Agricultural Resources___Hrs_____
6. Forestry___Hrs_____
7. Horticulture___Hrs_____
8. Others___Hrs_____

Type Program Placement

1. Placement--Production— Regular___Hrs_____
2. Placement--Production— Coop___Hrs_____
3. Placement--Agribusiness—Regular___Hrs_____
4. Placement--Agribusiness—Coop___Hrs_____
5. Placement--Laboratory—Regular___Hrs_____
6. Placement--Laboratory—Coop___Hrs_____

SUMMARY

A. TOTAL RECEIPTS AND CREDITS ---------- $____
(Form 109b, line A)

B. TOTAL EXPENSES AND DEBITS ---------- $____
(Form 109b, line B)

C. NET PROFIT OR LOSS (labor income) ---------- $____
(A minus B)

FORM 62/129

SHOW RECORD

Date	Name of Show or Fair	Class or Event	Animal or Item	Placing	* Premium won $		* Show Expenses $		Profit or loss $	

This form can be used for all Fair or Show entries; Livestock, Farm Mechanics, Field Crop and Others.

*Also record in receipts and expenses on Forms 2 and 5.

FORM 62/129

SHOW RECORD

Date	Name of Show or Fair	Class or Event	Animal or Item	Placing	* Premium won $		* Show Expenses $		Profit or loss $	

This form can be used for all Fair or Show entries; Livestock, Farm Mechanics, Field Crop and Others.

*Also record in receipts and expenses on Forms 2 and 5.

PLACEMENT INFORMATION

Planning and conducting a successful supervised occupational experience program is one of the most important activities for a vocational agriculture student. The following forms are provided so the student with a Placement Program can plan, summarize and report a successful program.

Suggestions for use of the following forms follow:
Form 125 — provides an opportunity for the student, parents, and instructor to plan the SOEP. This should be re-evaluated annually and if plans change, a new form inserted in the record book.

Form 126 — provides an agreement to be used in completing arrangements for a Placement Program. It should be used for all students "placed" in a training station and copies provided for the student, teacher, employer and parent.

Form 127 — is where you, your teacher and employer will record the competencies (skills) that you will learn or develop this year. It is suggested that reference be made to a master list of competencies which your teacher has available for your occupational area and this be considered in developing your list. You, your instructor and employer will probably have competencies that you will want to add to the master list. It is suggested that a competency be worded so it will fit in one space. This form provides space for 70 competencies — if the most essential are selected, this will probably be adequate space; however, additional pages may be added if needed.

Students with a Laboratory Type Placement program will also need to develop this list.

It is suggested that at the end of the year, the student, teacher and employer complete the "Level of Performance" column and the copy be filed in the student folder as a reference for prospective employers.

This form with the "Employer Evaluation" form will provide prospective employers with a "picture" of your skills and abilities.

Form 128 — is a copy of the form your instructor completes on each student for the Final SOEP Report. It gives a summary of the SOEP in each school and provides the basis for many FFA Awards as Proficiency Awards and State Degrees.

Complete both sides accurately and neatly.

Keep a copy in your record book and turn in a completed copy to your instructor.

Form 129 — is a record of show or fair activities. You should record exhibits of Ag. mechanics, etc. on this form.

FFA AND LEADERSHIP ACTIVITIES

These four forms are for a record of participating in FFA, school and community activities. They will enable the student to more easily and accurately complete applications for:

1. Advanced degrees as State Farmer/American Farmer
2. Achievement awards
3. Proficiency awards
4. Chapter awards
5. Area and State Officer applications
6. Others

Since many students identify awards for which they want to apply toward the end of their high school years, it is desirable to keep a complete record of activities, etc., during all years of FFA membership. Many students will need to insert additional pages of these forms to record all of their activities.

Suggestions for each form are:

Form 81-provides space to record specific accomplishments in FFA. Be sure to complete dates and level of achievement.

Form 82-is to record general activities in both FFA and outside FFA. If in doubt, record an activity here so it is not overlooked when applying for an award.

Form 83-should be used to record all information that could apply to any of the proficiency award applications. This should include farm mechanics projects, show records, and other activities or accomplishments engaged in that may apply to one of the responsibilities and accomplishments that the student was involved in when doing the activity. Some indication of the size or scope of the activity should be indicated on the form. Record the number of hours involved in all activities. The award that each activity could be applied to can be recorded by the following code:

Ag. Elec.	Agricultural Electrification
Ag. Mech.	Agricultural Mechanics
Ag. Proc.	Agricultural Processing
Ag. SS	Agricultural Sales and/or Service
B.P.	Beef Production
Cr. Pr.	Crop Production
D. Pr.	Dairy Production
D. Lvsk Pr.	Diversified Livestock Production
F W Mgt.	Fish and Wildlife Management
Flocit	Floriculture
For. Mgt.	Forest Management
F&V	Fruit and/or Vegetable Production
H&F Imp.	Home and/or Farmstead Management
H. Pr.	Horse Proficiency
Nur. Op.	Nursery Operations
Odr. Rec.	Outdoor Recreation
Pl.Ag.Pr.	Placement in Agricultural Production
Poul.Pr	Poultry Production
Sh Pr	Sheep Production
SWa Mgt.	Soil and Water Management
Sw Pr	Swine Production
TL	Turf and Landscape Management Mgt.

Form 84-since all proficiency award applications ask for this information, a complete list should be kept and specific ones for an award selected out of the entire list. Practices formerly identified as improvement projects and/or supplementary practices would be recorded in this location.

FORM 81/150

FFA LEADERSHIP AND PARTICIPATION

DEGREES RECEIVED	DATE
Greenhand	
Chapter Farmer	
State Farmer	
American Farmer	

FFA OFFICES HELD	SCHOOL YEAR OFFICE HELD		
	CHAPTER	AREA	STATE

PROFICIENCY, ACHIEVEMENT AND OTHER AWARDS:

YEAR	AWARD	CHAP	AREA	STATE	NAT'L

CONTEST TEAMS		PLACING				
YEAR	TEAM	CHAP	AREA	DIST.	STATE	NAT'L

COMMITTEES IN FFA:

DATE	COMMITTEE	CHAP	AREA	STATE	NAT'L	RESPONSIBILITY

FORM 82/151

FFA LEADERSHIP AND PARTICIPATION

MAJOR ACTIVITIES, AWARDS AND LEADERSHIP OUTSIDE FFA
(school, church, athletics, 4-H, etc.)

DATE	ACTIVITY

OTHER FFA ACTIVITIES
(Include location as local, area, state, national)
(Include camp, tours, sales, fairs and conventions)

DATE	ACTIVITY

FORM 83/152

PROFICIENCY AWARD INFORMATION

School Year	Nature of Activity or Work	Expenditures Involved			Recpts.	Applicant Responsibilities and Accomplishments	Amt. Time	Award Appl.[1]
		Applic. Share $	Others Share $	Total $				

1. Identify Proficiency Award From FORM 80

FORM 84/153

PROFICIENCY AWARD INFORMATION

	List the most significant skills or competencies you have developed as a result of training received in vo ag classes or as a part of your SOEP
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

	SAFETY: List the most significant safety precautions you have learned while in vo ag
1	
2	
3	
4	
5	
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11	
12	
13	
14	
15	
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